

County: Marion

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
COMMUNITY ADULT DAY CARE OF MARION INC 300 E JONES AVE EXT MARION, SC 29571 DENITTO, LAUREN S PH#: 843-423-6488 Fac. Cont. Email:DINO711@BELLSOUTH.NET	ADC-0184 / 08/31/2009 Marion / Corporation PO BOX 491 MARION, SC 29571 COMMUNITY ADULT DAY CARE OF MARION INC	35
Number of Participants		35
MARION COUNTY ADULT DAY CARE 501 S MAIN ST MARION, SC 29571 HUDSON, PHILLIP E PH#: 843-423-6220 Fac. Cont. Email:No Fac Cont. email on record	ADC-0112 / 04/30/2009 Marion / Corporation PO BOX 331 CAMDEN, SC 29020 HUDSON INC	50
Number of Participants		50
SAINT PAUL BAPTIST CHURCH ADULT DAY CARE 163 E LAUREL ST MULLINS, SC 29574 HINES, MACK T PH#: 843-464-9829 Fac. Cont. Email:BAPT3016@BELLSOUTH.NET	ADC-0164 / 04/30/2009 Marion / Non-Profit Corporation PO BOX 469 AIKEN, SC 29574 SAINT PAUL BAPTIST CHURCH INC	30
Number of Participants		30
TROY-JOHNSON INTERGENERATIONAL DAYCARE 106 GAPWAY ST MULLINS, SC 29574 TROY-JOHNSON, JACQUELYN PH#: 843-464-8565 Fac. Cont. Email:N/A	ADC-0188 / 11/30/2009 Marion / Corporation 106 GAPWAY ST MULLINS, SC 29574 TROY-JOHNSON INTERGENERATIONAL DAYCARE INC	7
Number of Participants		7

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:	4	Number Licensed Units	122
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County: Marion

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
BRADFORD GARDENS 1108 N MAIN ST MARION, SC 29571 GARDNER, JAMES L PH#: 843-275-0083 Fac. Cont. Email: No Fac Cont. email on record	CRC-1217 / 08/31/2009 Marion / Corporation PO BOX 887 MARION, SC 29571 A & R ENTERPRISES INC	80
Certifications: None		
M & M RESIDENTIAL CARE HOME 408 HOLIDAY ST MARION, SC 29571 BURGESS, SANDY M PH#: 843-423-0120 Fac. Cont. Email: No Fac Cont. email on record	CRC-1379 / 08/31/2009 Marion / Sole Proprietorship PO BOX 6023 FLORENCE, SC 29502 BURGESS, SANDY	5
Certifications: None		
RHAMES RESIDENTIAL CARE HOME 343 E CHURCH ST MULLINS, SC 29574 BURGESS, SANDY M PH#: 843-464-2585 Fac. Cont. Email: No Fac Cont. email on record	CRC-1436 / 03/31/2009 (Renewal Pending) Marion / Sole Proprietorship PO BOX 6023 FLORENCE, SC 29502 BURGESS, SANDY	5
Certifications: None		

Totals For Facility/License Type Community Residential Care Facility

Number of Activities/Facilities licensed:
Number Licensed Units

County: Marion

Facility Type: Hospice Program

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
SHEPHERD CARE HOSPICE LLC	HPC-0104 / 04/30/2009	6
210 S NICHOLS ST	Marion / Ltd. Liability	
NICHOLS, SC 29581	PO BOX 392	
ORBECK, KENNETH PH#: 843-526-1186	NICHOLS, SC 29581	
Fac. Cont. Email: No Fac Cont. email on record	SHEPHERD CARE HOSPICE LLC	
Counties Served Darlington, Dillon, Florence, Horry, Marion, Williamsburg		

Totals For Facility/License Type Hospice Program

Number of Activities/Facilities licensed:	1	Number Licensed Units	6
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County: Marion

Facility Type: Hospital or Institutional General Infirmary

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
MARION COUNTY MEDICAL CENTER	HTL-0827 / 09/30/2009	124
2829 E HWY 76	Marion / Non-Profit Corporation	
MULLINS, SC 29574-6035	PO BOX 1150	
TUCKER, HAROLD E PH#: 843-431-2000	MARION, SC 29571	
Fac. Cont. Email:GTUCKER@MCMED.ORG	MARION REGIONAL HEALTHCARE SYSTEM	
Licensed Beds: General: 124 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 2		
Certifications:Perinatal Level II, JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1 Number Licensed Units 124

County: Marion

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
MARION NURSING CENTER 2770 SOUTH HWY 501 MARION 29571 JAMES, ALYCE C PH#: 843-423-2601 Fac. Cont. Email: No Fac Cont. email on record	NCF-0689 / 09/30/2009 Marion / Corporation PO BOX 1485 MARION, SC 29571 MARION NURSING CENTER INC	88
Licensed Beds	Nursing Home	88
Institutional Nursing Home		0

Certifications:None

MULLINS NURSING CENTER 518 S MAIN ST MULLINS, SC 29547 MARTIN, TONYA G PH#: 843-464-8211 Fac. Cont. Email: TMARTIN@MCMED.ORG	NCF-0828 / 09/30/2009 Marion / Non-Profit Corporation 518 S MAIN ST MULLINS, SC 29574 MARION REGIONAL HEALTHCARE SYSTEM	92
Licensed Beds	Nursing Home	92
Institutional Nursing Home		0

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:	2	Number Licensed Units	180
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County: Marion

Facility Type: PSAD Inpatient

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Address	
Administrator/Phone	Licensee	
FRESH START	ITP-0023 / 03/31/2009 (Renewal Pending)	9
5452-B NORTH HWY 501	Marion / County	
MARION, SC 29571	PO BOX 1011	
MANNING, LESLIE C PH#: 843-431-9225	MARION, SC 29571	
Fac. Cont. Email: FRESHSTA@BELLSOUTH.NET	TRINITY BEHAVIORAL CARE	
Licensed Beds Medical Detox 0 Social Detox: 0 Res. Trestment Program 9		
SPRING BRANCH RESIDENTIAL TREATMENT CENTER	ITP-0005 / 05/31/2009	9
370 W SELLERS RD	Marion / County	
MARION, SC 29571	PO BOX 1011	
O'CONNOR, WILLIAM T PH#: 843-423-7876	MARION, SC 29571	
Fac. Cont. Email: SBRTC@BELLSOUTH.NET	TRINITY BEHAVIORAL CARE	
Licensed Beds Medical Detox 0 Social Detox: 6 Res. Trestment Program 3		

Totals For Facility/License Type PSAD Inpatient

Number of Activities/Facilities licensed:
Number Licensed Units

County: Marion

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
TRINITY BEHAVIORAL CARE MARION OFFICE 103 COURT ST MARION, SC 29571 O'CONNOR, WILLIAM T PH#: 803-423-8292 Fac. Cont. Email:MCCADA@BELLSOUTH.NET	OTP-0004 / 06/30/2009 Marion / County PO BOX 1011 MARION, SC 29571 TRINITY BEHAVIORAL CARE	3

Certifications:None

Totals For Facility/License Type PSAD Outpatient

Number of Activities/Facilities licensed:	1	Number Licensed Units	3
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County: Marion

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
MARION DIALYSIS CENTER 109 MERRITT CT MARION, SC 29571 CAMPBELL, ANITA PH#: 843-423-4673 Fac. Cont. Email:CLINIC1558@FMC-NA.COM	ERD-0068 / 08/31/2009 Marion / Corporation 109 MERRITT CT MARION, SC 29571 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	31

Licensed Stations: Hemodialysis: 31 Peritoneal: 0

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed: 1 Number Licensed Units 31

Number of Activities/Facilities licensed in county of Marion	# Lics	15
Number Licensed Units :	574	

Report Total

Total Number of Activities/Facilities licensed 15 Total Number Licensed Units 574